



## MARICOPA COUNTY AIR QUALITY DEPARTMENT

### INITIAL NOTIFICATION / NOTIFICATION OF COMPLIANCE STATUS National Emissions Standards for Hazardous Air Pollutants (NESHAP) Stationary Reciprocating Internal Combustion Engines Subpart ZZZZ: 40 CFR 63.6585 – 63.6675

Each owner or operator of facility operating compression ignition engine(s) is required to submit an Initial Notification/Notification of Compliance Status no later than 120 calendar days after becoming subject to this subpart. The notification may be mailed to agency listed below or e-mailed to [AQPermits@mail.maricopa.gov](mailto:AQPermits@mail.maricopa.gov).

- Maricopa County Air Quality Department – Attention: Permitting Division Manager  
1001 N. Central Ave. Suite 400. Phoenix, AZ 85004

Compliance Date: ☐ Existing source: May 3, 2013 ☐ New/reconstructed source: upon initial startup

**Note: The May 3, 2013 compliance date for existing sources applies to the following engine types:**

- Existing non-emergency compression ignition stationary RICE with a site rating of more than 500 brake HP located at a major source of HAP emissions
- Existing stationary RICE with a site rating of less than or equal to 500 brake HP located at a major source of HAP emissions
- Existing stationary RICE located at an area source of HAP emissions

#### 1. Company Information

Company Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### 2. Owner/Operator Information

Name and Title: \_\_\_\_\_

Please check whether the person listed above is owner or operator of the facility:

☐ Owner ☐ Operator

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. **Facility Location Information** (If different from Company Information)

Company Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Brief description of the stationary RICE at the facility, including number of engines and the site-rated HP of each engine: \_\_\_\_\_

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I certify the truth, accuracy and completeness of this notification.

Certifying Official: (check one) ☐ Owner ☐ Operator

\_\_\_\_\_  
Name of Certifying Official (print or type) Title

\_\_\_\_\_  
Signature of Certifying Official Date